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# Emergency Action Plan for Lakeview Recreation Center

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# **Emergency Action Plan for Lakeview Recreation Center**



**4/20/2018**

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**Mission Statement:** The Lakeview Recreation Center’s mission is to promote healthy and active lifestyles. We are committed to enriching the Peoria community by providing quality facilities, programs, and services to the public.

## **I. Objective**

The objective of the Lakeview Recreation Center Emergency Action Plan (EAP) is to comply with the Occupational Safety and Health Administration’s (OSHA) Emergency Action Plan Standard, 29 CFR 1910.38 and to prepare employees for dealing with emergency situations. This plan is designed to minimize injury, loss of human life and company resources by training employees, procuring, and maintaining necessary equipment and assigning responsibilities. This plan addresses all emergencies that may reasonably be expected to occur at Lakeview Recreation Center.

## **II. Assignment of Responsibility**

### **i.) Emergency Plan Manager=Environmental Health and Safety Manager**

The **Environmental Health and Safety Manager** will manage the Emergency Action Plan. The Emergency Plan Manager will review and revise the EAP when necessary and can answer questions pertaining to the EAP. The Emergency Plan Manager will also coordinate with local public resources, such as the fire department and emergency medical personnel, to ensure that they are prepared to respond as detailed in this plan.

### **ii.) Emergency Plan Coordinator (EPC)=Building manager (Nick McDuffee) or supervisor staff on duty.**

- Mitigation and preparedness responsibilities of EPC:
  - Implement the procedures outlined in this plan

- Train and prepare employees to effectively respond to emergencies
- In the event of an emergency the **Emergency Plan Coordinator** will:
  - Contact appropriate emergency services
  - Communicate the emergency to all personnel
  - Coordinate proper evacuation
  - Direct personnel to safe zones
  - Account for all employee's post-evacuation
  - Report incidents and filling out all required paperwork

iii.) Employees

- Responsible for learning and following the procedures of this plan
- Contact appropriate emergency services if EPC is unavailable
- Responsible for aiding personnel with disabilities or language barriers

### **III. Emergency Phone Numbers**

Fire Emergency: 911

Peoria Heights Fire Department (non-emergency): 309-682-4217

Medical: 911

Police: 911

Peoria Police Department (non-emergency): 309-673-4521

Chemical Spill: 911 or 309-494-8736

Facility Managers:

- Nick McDuffee: 309-256-4672
- Scott Loftus: 309-231-3434

Environmental Health and Safety Manager:

- Cell: 309-253-4743
- Office: 309-683-3770

Peoria Park District Administration: 309-682-1200

Supervisor of Maintenance and Repair: 309-253-0708

#### **IV. Utility Company Emergency Contacts**

|               |                         |                |
|---------------|-------------------------|----------------|
| Electric:     | Ameren Illinois         | 1-800-232-2477 |
| Water:        | Illinois American Water | 1-800-422-2782 |
| Gas:          | Ameren Illinois         | 1-800-232-2477 |
| Telephone:    | Call One                | 1-800-440-9440 |
| Alarm System: | Interface               | 1-800-727-1668 |

#### **V. Evacuation Route Maps**

Evacuation route maps have been posted in each work area.

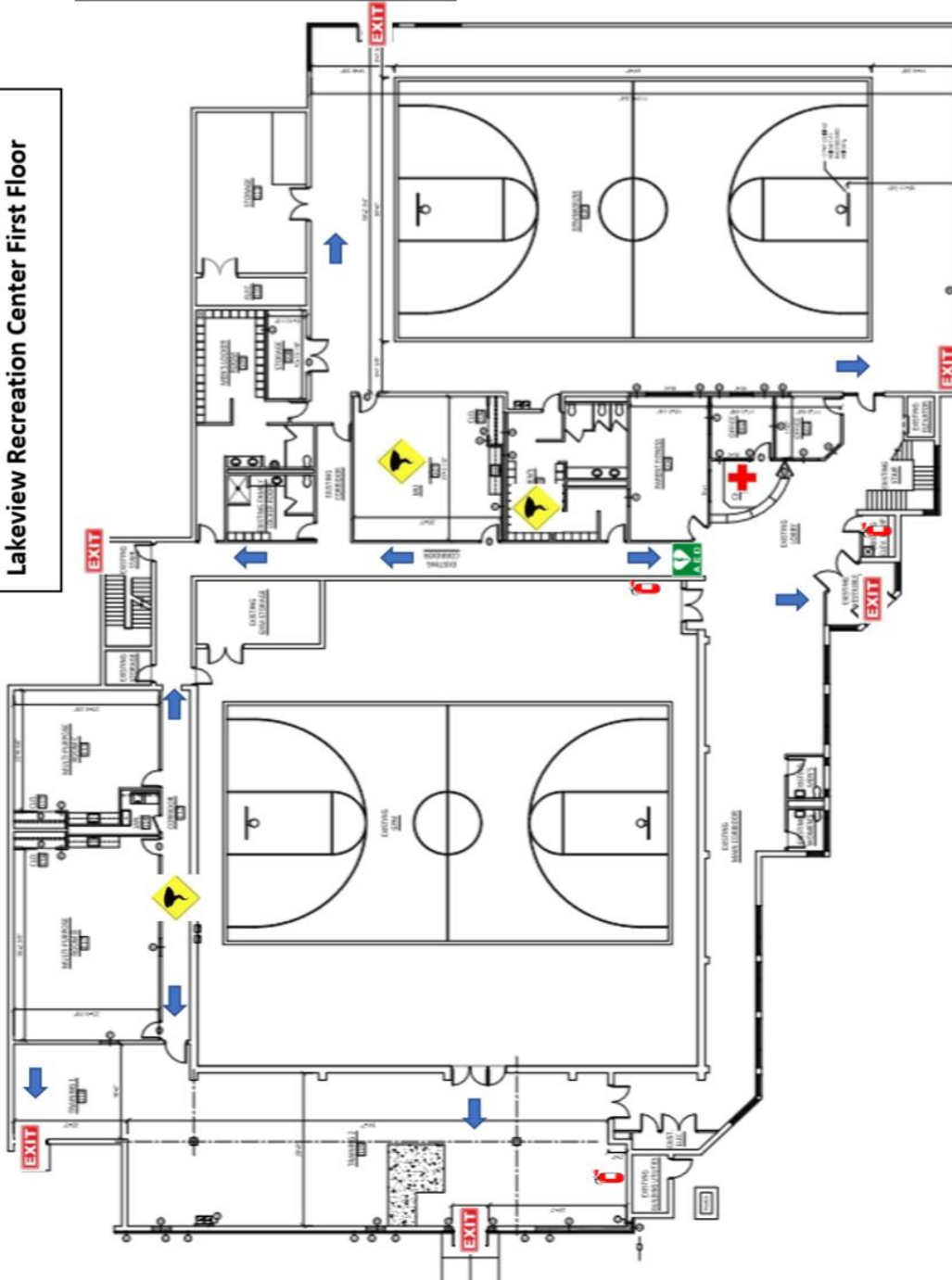
The following information is marked on each map:

- Fire extinguisher locations
- Automated External Defibrillator (AED) location
- Storm safe area
- First aid location
- Evacuation route
- Handicap Egress Alarm

# Lakeview Recreation Center First Floor

## KEY

-  = Storm Safe Area
-  = Evacuation Routes
-  = Fire Extinguisher
-  = Defibrillator (AED)
-  = First Aid Kit





## Second Floor



**= You Are Here**

**= Evacuation Route**

**= Fire Extinguisher**

= AED (on 1st Floor)

**= First Aid**

**= Storm Safe Area  
(on 1st Floor)**

**= Handicap Egress Alarm**



## VI. Emergency Response

In the event of an emergency, it is important that all Lakeview Recreation Center staff have been trained regularly on how to properly respond to each type of emergency situation.

Potential emergency situations include:

- Medical
- Fire
- Hostile intruder
- Bomb threat
- Severe weather and natural disasters
- Missing child (Code Adam)

This EAP will outline the proper response to each of the situations outlined above.

**Emergency Definition:** An unexpected occurrence that threatens the safety of those utilizing Lakeview and requires immediate action from the staff.

**When to call 911:** When a situation requires immediate assistance from the police, the fire department, or an ambulance. If you are unsure if a situation requires 911 assistance you should call. Better to be safe than sorry.

## VII. Medical Emergency

**Definition:** The sudden onset of a medical condition paired with severe symptoms (including severe pain) such that the absence of medical attention could reasonably result in placing the person's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part. If the situation can be handled with onsite first aid it is

not a medical emergency.

**Training:** At least one active staff member on duty should be trained to administer first aid. All staff/volunteer members will be given the opportunity and encouraged to attend a basic first aid training course. All staff members will be shown the AED location.

**Camp Specific:** All counselors or employees working directly with the camp will also be given the opportunity to take a Crisis Prevention and Intervention (CPI) course.

**\*For what to do in the event of a seizure see Appendix A (pg. 16).**

**Procedure:**

1. Assess the situation.
  - a. How serious is the incident/illness and the scene of the accident?
  - b. Does the victim have any known required medications, health problems, or allergies?
  - c. If there are other on-ground staff, alert them of the situation.
  - d. Evacuate non-essential personnel from the area of the incident.
2. If emergency assistance is needed, call 911 immediately (remember: better to be safe than sorry)
  - a. Be prepared to provide detailed information on the nature of the incident and the specific location it occurred, along with anything else requested by the 911 operator.
  - b. Stay on the phone with the operator to provide updated information.
3. If the incident can be addressed through basic first aid, apply treatment **ONLY if you are trained and qualified.**

- a. Do not move the victim unless absolutely necessary.
  - b. If you are trained in AED operation, retrieve the unit from the lobby.
  - c. If there has been a hazardous chemical exposure, consult the appropriate Material Safety Data Sheet (found behind the front desk).
4. After the incident has been properly addressed:
  - a. Notify the head of your department.
  - b. Make sure that an Accident/Incident Onsite Report is filled out with all accounts of the situation.
  - c. If emergency assistance is requested, also notify the Finance Department of the incident as soon as possible.
  - d. If an AED was used, contact the Risk Management Department to fill out a "Post AED Use Form". This form must be sent to PDRMA.

**Camp Specific Procedures:**

- Evacuate all campers from the scene immediately and set up an activity in a different area. Make sure ratios are still what they should be.
- Notify the Camp Supervisor(s) and front desk staff immediately.
- If the victim is a camper, retrieve his/her medical information sheet to see if he/she has any medications, allergies, or other medical problems listed.
  - Medical forms are located behind the front desk, in a binder or on the iPad.

They can also be found online (ask front desk staff or Nick McDuffee).
- The EPC will contact parent(s) or guardian(s) as soon as possible.

- Camper emergency contact information is in the same binder as medical forms or on the iPad. They can also be found online (ask front desk staff or Nick McDuffee).
- State the nature of the incident in a concise and calm manner.

## **VIII. Fire Emergency**

**Definition:** Any sort of unintentional fire is considered a fire emergency. If you are unsure of whether a fire constitutes pulling the fire alarm or not, always pull it to be safe.

### **Procedure:**

1. Immediately pull the nearest fire alarm.
2. Fight the fire with a fire extinguisher ONLY if:
  - a. You are trained to use a fire extinguisher
  - b. The fire is small and contained; it is not spreading to other areas
3. Call 911
  - a. Be prepared to provide detailed information on the incident and an exact location.
  - b. Stay on the line unless dispatcher instructs otherwise.
4. Exit the building using the designated emergency evacuation routes on the maps.
  - a. **DO NOT USE THE ELEVATOR**
5. Notify the building manager.
6. Assemble at the Noble Center or Owen's Center after safely evacuating.
7. Stay out of the building until the emergency responders or EPC announce that it is safe to re-enter.

8. Report the incident to the facility supervisor and the administration office. Fill out the Accident/Incident Onsite Report.

**Emergency Coordinator Procedures:**

- Coordinate an orderly evacuation of all personnel.
- Perform an accurate head-count of all personnel.
- Provide the Fire Department with necessary facility information.
- Assist handicapped personnel in exiting the facility.

**\*Patrons with Disabilities:**

- Any physically handicapped or disabled person that needs to evacuate the building from the 2nd floor should make his/her way to the stairwell at the North end of the building (stairwell by the 2nd floor bathrooms).
- At the top of the stairwell there is an alarm button that will notify the first responders that assistance is needed immediately at the North stairwell.

**Camp Specific Procedures:**

- Counselors must evacuate their group in an orderly and calm manner.
- Keep groups together to ensure no missing children and conduct multiple head-counts.
- If it is deemed safe, escort the campers to the Noble Center following the path marked in red in the image below to keep the campers out of the parking lot:



#### KEY



=Designated assembly area to conduct head counts.



=Use farthest and safest route from the building.

## IX. Bomb Threat:

**Definition:** Any threat of the use of a bomb or a threat made via telephone directed at the Recreation Center.

### Procedure:

If a threat is received via telephone call:

1. Record if possible.
2. Take down phone number and time.
3. Keep the caller on the line as long as possible. **Questions to ask:**
  - a. Where is the bomb located?
  - b. What kind of bomb/what does it look like?

- c. When is it going to detonate?
  - d. What will cause it to detonate?
  - e. Did you place the bomb? If so, why? If not, who did?
  - f. Where are you calling from?
  - g. What is your name?
- 4. Note all characteristics of caller as well as details of the call.
  - a. Background noises?
  - b. Male or female?
  - c. Angry or calm?
- 5. Immediately after call is completed call 911 to report the threat. Provide the emergency dispatcher with as much of the above information as possible. Follow any instructions given.
- 6. Immediately evacuate the building.
  - a. **Camp Specific:** Use the same evacuation procedure used in fire emergencies (pg. 10).
- 7. As soon as possible, alert building manager and fill out bomb threat documentation form (Appendix C).

## **X. Lockdown:**

**Definition:** If Peoria police inform staff that a hostile person(s) is in the area, initiate a lockdown. If a staff member sees someone in Lakeview Park action hostile and/or making threats initiate a lockdown.



**Procedure:**

1. If not already notified, call 911.
2. Alert all staff and occupants of the situation.
3. Direct all personnel into the nearest classroom or secured room.
4. Turn off the lights, remain silent and lock the doors.
  - a. If possible, cover any windows with blinds or taping paper up.
5. Remain in the lockdown until police say it is safe to exit the building.

**XI. Hostile Intruder (Active Shooter):**

**Definition:** When a hostile person(s) is(are) actively causing deadly harm or the imminent threat of deadly harm within or in close proximity of the building.

**Training:** Staff will be educated on these procedures, as well as, where it is best to gather in classrooms.

**Procedure:**

1. If in a classroom or office, immediately lock the door to the hallway. **Lock the doors!!**
  - a. If possible **cover any windows** that have direct line of sight into the hallway.
  - b. Stay away from windows.
  - c. Turn off lights and remain as quiet as possible.
  - d. Gather out of the line-of-sight from any windows.
  - e. Stay out of open areas.
2. Call 911 as soon as possible.
3. **DO NOT** sound fire alarm. A fire alarm could place occupants in harm's way as they evacuate the building.

4. Stay where you are until police arrive and deem the building safe.
  - a. If exiting the building without police permission keep your hands up so that police know you are not the threat.

If caught in an open area such as the gyms, hallway, or front lobby, you must decide what action to take:

- b. Hiding: If you are able to hide, do so, but make sure it is secure and not obvious.  
  
If the person(s) is causing death or serious physical injury to others and you are unable to run or hide, you can hide by playing dead in the vicinity of other victims.
- c. Running: If you think you can safely make it out of the building by running to the nearest exit, then do so. Do not run in a straight line and keep objects (desk, tree, car, chair) in between you and the intruder. If possible run to the Noble Center or Owens Center to call 911 and warn others.
- d. Fighting: This is the last option and is the most dangerous course of action to your individual health.

#### **Camp Specific Procedures:**

1. If possible, gather all campers in your vicinity regardless of group into classrooms or offices. **Lock the doors!!**
2. Keep campers as **calm and quiet** as possible.
3. As soon as the threat is cleared by the police:
  - a. Conduct head counts.
  - b. Contact building manager and/or EPC immediately.

- c. Take campers away from the scene.
  - i. Take campers to Noble Center or Owens Center if deemed safe by police.

## **XII. Severe Weather/Natural Disaster Emergency:**

**Definition:** The EPC is in charge of alerting the staff of a severe weather situation and when to implement emergency procedures.

### **Thunderstorm Procedure:**

- The EPC will notify staff of the situation, and, if necessary, will direct all employees and patrons to go to the designated storm safe areas.

### **Tornado Watch Procedure:**

- Definition: Atmospheric conditions are right for a tornado to develop.
- If staff becomes aware, notify EPC immediately.
- EPC will get staff ready to implement emergency procedure.

### **Tornado Warning Procedure:**

- Definition: A funnel cloud has been sighted in the area and/or the tornado warning sirens have gone off.
- EPC will guide all building attendants to the designated storm safe areas.

### **Earthquake Procedure:**

- Immediately move away from any windows, glass, bookshelves, or suspended objects.
- Take cover under a desk or the closest reinforced structure.
- Even if the earthquake appears to be over do not get out from underneath your cover until an EPC has given permission to do so.
  - Aftershocks, earthquakes that occur after the primary shock, are very common.

## **Designated Storm Safe Areas: NORTH HALLWAY and EAST HALLWAY**

- If additional space is needed due to a large number of patrons, these areas can also be utilized:
  - First floor multipurpose room A.
  - First floor women's locker room.

## **XII. Missing Child-Code Adam:**

### **Procedure:**

**Step 1:** Obtain a detailed description of the child:

- Name, age, gender, race
- Weight, height, hair, and eye color
- Describe what the child was wearing: clothing and shoes

**Step 2:** Report information of missing child to the supervisor on duty for an assessment of the situation. If no supervisor is on duty to initiate efforts, contact Peoria Police Department at (309) 673-4521 for assistance.

- **If the child is not found within 10 minutes you are required to contact the police. You may contact the police earlier.**

**Step 3:** Facility staff will suspend all regular activity to conduct a search of the building or reported area, monitoring all exterior exits to the facility or park. Patrons may be asked to assist with the search. A coordinated all-out effort is mandatory.

- Camp will not be able to suspend all regular activity. Utilize extra counselors and staff to search while keeping the proper ratios.

\*The following documents are not created by me. The seizure management and documentation form are Park District documents that are used by every Park District facility in Peoria. The bomb threat documentation form was found in the Glow YMCA EAP.

## Appendix A

Peoria Park District

Athletics Department

Seizure Management

- Review registration forms to see if a child is prone to seizures.
- If a child has seizures, the coordinator will then contact the participant/participants parents to obtain any important health information such as seizure disorders and/or to identify other reasonable accommodation needs (medical dispensing procedures, etc.). When seizure conditions are disclosed adult participants (or parents/guardians of minor patrons) will be asked to provide, via the questionnaire, (page 6) the following information:
  - nature and duration of the seizure
    - frequency
    - triggering mechanisms
    - symptoms
    - date(s) of most recent seizures
    - parental/patron instructions &/or recommendations
    - up-to-date medical protocol from the primary health care provider.
- Depending on the frequency and/or nature of the seizures, the feasibility and need to provide 1:1 supervision should be evaluated by HISRA. Based on information obtained from the parent, HISRA will perform an assessment of the need to provide trained 1:1 supervision assistance. In the interim, the staff should consider temporarily suspending participation pending an analysis of the ability of the patron to safely participate in any activity, with or without reasonable accommodation. In cases where accommodations appear beyond the scope of park staff (require medical or specialized training), PDRMA's legal counsel will provide assistance in identifying and balancing the rights of both the member and patron.

- The coordinator will contact the coach or coaches prior to the start of the season and inform them of the situation. They must also explain that if a seizure happens and the parent is present that they should call over the parent to the child immediately. If no parent is present, they must summon an EMS right away. The coordinator should also encourage the parents to talk to the coaches about the medical condition prior to the season.
- In the event of a seizure, staff should initiate monitoring and appropriate response as soon as the symptoms are recognized – this includes implementing established seizure/emergency procedures; coordinating with other emergency medical providers; monitoring the duration of the seizure from the moment staff first observed the symptoms (and when possible, from the time of onset) and; documenting the nature/character of the seizure. ***An “appropriate response instruction form/card” developed from parental/medical information should be provided to the responsible counselor to ensure so it is available for reference at all times.***
  - As with any medical emergency, prepare a Peoria Park District incident/accident report documenting all pertinent information about the event (when, where, how, responders, witnesses, victim condition, etc.).

**When to activate the EMS (911) system:**

1. Should always activate the EMS unless the parent is present when the seizure occurs.
2. For adult participants, activate EMS immediately.

**Definition and Description:**

**Generalized Seizures** are caused by abnormal electrical activity over the entire brain simultaneously. This group of seizures affect the level of awareness and muscle movement of all extremities.

**Seizure types:** Absence seizures (Petit Mal), Myoclonic seizures, Atonic seizures, Tonic seizures, and Tonic-Clonic seizures (Grand Mal).

**Seizure length:** They range from 3 seconds to up to 5 minutes, depending on the type and severity.

**Symptoms:** a dazed look in the face, eye blinking, head bobbing, sudden brief jerks of a single muscle or group, unconsciousness, loss of body functions, and full body constriction.

**Partial (focal) Seizures** are seizures that begin in one part of the brain instead of all over.

Depending on which lobe of the brain that the seizure comes from will determine the physical symptoms of the seizure.

**Seizure types:** Simple partial seizures, Complex partial seizures. They can also be classified as Frontal Lobe, Temporal Lobe, Parietal Lobe, and Occipital Lobe.

**Seizure Length:** They range in length from seconds up to 2 minutes.

**Symptoms:** People, in the majority of cases, are completely aware and alert during these seizures. There can be tingling or shaking of a small body part, unusual smell, visual hallucinations or ill-defined feeling. They are also described as an altered consciousness, subtle, repetitive and stereotypical movements of the face or extremities.

**Hypoxic convulsions** are due to lack of oxygen in the brain. Persons may appear rigid or stiff, may jerk violently, and/or froth at the mouth. Unlike the seizure conditions described above, this is a life-threatening condition.

### **Emergency Procedures:**

1. Prevent the person from injuring themselves. Place something soft under their head, loosen tight clothing, clear the area of hard and sharp objects, and remove eyeglasses if needed.



2. Place the person in a recovery position (on their side with head propped up on forearm and upper knee touching ground) to allow saliva to drain from the mouth.
3. Start timing the seizure as soon as symptoms are recognized.
4. If uncomfortable with the situation, contact EMS immediately.
5. **Do not** restrain the person's movements.
6. **Do not** place any items in the person's mouth and **do not** attempt to give any liquids.
7. Be sensitive of the environment and the person's privacy.
8. If staff is unfamiliar with the person, unsure if previously diagnosed as seizure prone or medically treated, contact EMS immediately.
9. Maintain the person's airway.
10. After the seizure subsides, complete an initial assessment to determine the condition of the person (airway, breathing, circulation, physical condition).
11. If the person is not breathing, begin artificial respiration. If the person does not have a pulse, begin CPR. Make sure EMS is contacted.
12. Provide an area for the person to rest until fully coherent, where the person can be observed by a responsible adult. Consider a shaded area or an office.
13. The person involved in the episode should be restricted from any aquatic programs for the remainder of the day.
14. If a minor, the occurrence of a seizure should always be reported to the person's parents or guardians.

If the seizure occurs in the water; follow the agency's seizure prone swimmer policy and first-aid procedures

### **ACTIVITY/ENVIRONMENTAL CONSIDERATIONS**

Because of the loss of bodily control and/or cognitive function that typically accompanies a seizure and the potential need for prompt emergency medical services, program planners should carefully develop specific emergency response plans for seizure-prone persons enrolled in recreation programs and activities.

Program planners must first determine whether the patron can safely participate in any activity or program, with or without reasonable accommodation. This includes identifying how a seizure may affect the personal safety of the participant who experiences a seizure during any given activity (as well as the safety of responding staff and potential impact on the program). The planner should consider if the loss of bodily control might result, for example, in a fall from a height, a fall onto a hard surface, or a drowning situation. If these are possibilities, the planner and program supervisors/instructors should jointly assess, address, and coordinate participation in these activities and seizure management. In some instances, it may be prudent to temporarily suspend participation in any given program/activity pending assessment (i.e. taking the “proverbial step backwards”). In other situations, it may be feasible and prudent to provide a one-to-one companion (provided the nature of the seizure/activity does not create a safety risk for the companion). In any event, program supervisors should explore and address these issues with adult patrons or with parents and/or guardians of minor patrons **before participation** -- and if possible, include HISRA staff as part of the assessment and seizure management/consultation team.

Program planners should also consider the potential challenges presented by program locations where access to EMS may be limited or substantially delayed. Because access to emergency

medical services can be crucial in providing necessary care, planners should be aware of the proximity of these services at all times. Field trip locations as well as any remote sites, such as campgrounds, should be researched ahead of time to determine where emergency care can be found in the area and how long it will take for a response.

These situations are often emotionally-charged for all parties involved. Regretfully, at times patrons with seizure disorders engage in recreation activities neither well nor wisely. The patron (or parents of a minor patron) does not have the legal right to compromise his/her safety. There are often misperceptions as to the legal rights of the patron and/or of the provider. When in doubt, always err on the side of caution and consider the option to temporarily suspend participation pending further evaluation and guidance from your supervisor or PDRMA.

### **References:**

American Association of Neurologists website.

Pediatric Epilepsy Center website, article by Tracy Connell, RN, MSN, CPNP.

MSN Health website articles:

“What is the Cause of Epilepsy” – December 1998

“What is the Immediate Treatment for Epileptic Seizures?” – December 1998

“What is Epilepsy?” – December 1998

“First Aid for Seizures”

“Seizures - When to Call a Doctor” – November 2003

Appendix B

## Seizure History and Appropriate Response Information

*This form must be completed and if appropriate updated mid-program for each participant.*

### BACKGROUND INFORMATION:

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### SEIZURE SYMPTOM INFORMATION:

1. Nature and duration of the seizure: \_\_\_\_\_

\_\_\_\_\_

2. Seizure frequency: \_\_\_\_\_

\_\_\_\_\_

3. Triggering mechanisms: \_\_\_\_\_

\_\_\_\_\_

4. Symptoms: \_\_\_\_\_

\_\_\_\_\_

5. Date(s) of most recent seizures \_\_\_\_\_

6. Parental/patron instructions &/or recommendations: \_\_\_\_\_

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7. Please provide on a separate form from the primary health care provider, up to date medical protocols for the diagnosed condition.

OTHER INFORMATION: \_\_\_\_\_

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**I hereby acknowledge that the above information provided for the appropriate seizure response care for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the agency if any changes in information or recommended protocols occur.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

## Appendix C

### Bomb Threat Documentation Form

Bomb Threat Date of Call: \_\_\_\_\_

Time Call Received/Ended: \_\_\_\_\_

Operator's Name: \_\_\_\_\_

Person Who Received the Call: \_\_\_\_\_

#### Instructions

1. Attempt to keep the caller talking.
2. Calmly ask the caller the questions below.
3. Complete the form in as much detail as possible. Give initial impressions and check off what applies as time and circumstance permit.

Exact Words of the Caller

---

---

#### Questions to Ask

When is the bomb going to explode? \_\_\_\_\_

Where is the bomb right now? \_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_

What does it look like? \_\_\_\_\_

Why did you place it? \_\_\_\_\_

#### Description of the Caller's Voice

Initial Impression:

---

Male \_\_\_\_\_ Female \_\_\_\_\_ Young \_\_\_\_\_ Old \_\_\_\_\_ Loud Voice \_\_\_\_\_ Soft Voice \_\_\_\_\_ High  
Pitch \_\_\_\_\_ Low Pitch \_\_\_\_\_ Slow Talking \_\_\_\_\_ Fast Talking \_\_\_\_\_ Accent \_\_\_\_\_  
Intoxicated \_\_\_\_\_ Concealed Voice \_\_\_\_\_

**Manner**

Calm \_\_\_\_\_ Rational \_\_\_\_\_ Irrational \_\_\_\_\_ Coherent \_\_\_\_\_ Incoherent \_\_\_\_\_ Deliberate  
\_\_\_\_\_ Religious/Self-Righteous \_\_\_\_\_ Andy \_\_\_\_\_ Emotional \_\_\_\_\_ Laughing \_\_\_\_\_

**Language**

Excellent, Fluent, Good Vocabulary \_\_\_\_\_ Average or Normal Vocabulary \_\_\_\_\_ Poor Grammar,  
Poor Vocabulary \_\_\_\_\_ Foul/Vulgar/Use of Profanity  
Does the voice sound familiar? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who does it sound like?

---

Has this person called before? Yes \_\_\_\_\_ No \_\_\_\_\_

**Background Noise**

Initial Impression:

---

Totally Quiet \_\_\_\_\_ Faint Noise \_\_\_\_\_ Voices (conversation) \_\_\_\_\_ Noisy \_\_\_\_\_ Party \_\_\_\_\_  
Atmosphere \_\_\_\_\_ Music \_\_\_\_\_ Office Machines \_\_\_\_\_ Factory Machines \_\_\_\_\_  
Street Traffic \_\_\_\_\_ Mixed \_\_\_\_\_ Highway Traffic \_\_\_\_\_ Trains \_\_\_\_\_ Planes \_\_\_\_\_ Animal  
Noises \_\_\_\_\_



## Comments

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## Appendix D

The Peoria Health and Safety Manager recommended that I create an Emergency Action Guide (EAG) for Lakeview as well. Many of the recreation centers in Peoria are utilizing EAGs to make it easier to find key information or phone numbers. They are designed to fit front and back. EAGs are great for getting quick information but should not be used in place of an EAP as they do not provide some of the important step by step procedures the EAP does. I was given the EAG from another recreation center in Peoria and recreated it to fit Lakeview.

## EMERGENCY ACTION GUIDE

**Facility: Lakeview Recreation Center      Phone: 681-2867**  
**Address: 1013 W Lake Ave**

### Initial District Actions

The individual discovering or receiving information about an incident will take the following steps:

1. Call 9-1-1 if; police, fire, or ambulance are needed.
2. Activate the appropriate emergency system. Refer to the LRC EAP for all emergency situation procedures. Notify the Facility Manager/Office Manager, providing the following information:
  - Your name
  - Nature of incident
  - Location of incident
  - Severity of injuries or property damage
  - Telephone number (as a call back)
3. Take action to inform/protect patrons and staff. This might include:
  - Moving people away from area (be prepared to evacuate if needed).
  - Isolating and securing the area.
  - Providing assistance as needed to injured person, other patrons, or staff.
  - Directing public safety responders to the scene.

### Key Weather Terms

**Watch-** Threatening weather is likely. Remain alert and inform staff/patrons of procedures to be taken if warning is issued and siren sounds.

**Warning-** Severe Weather is occurring or has been indicated by radar. Take immediate action by implementing facility Evacuation / Relocation procedures.

### Emergency Numbers

**Facility Manager:** Nick McDuffee  
Cell: 309-256-4672  
**Athletics Supervisor:** Scott Loftus  
Cell: 309-231-3434

Peoria Park District Police: 309-686-3359  
Peoria County Police (non-emergency): 309-673-4521  
Peoria Heights Fire Dept. (non-emergency): 309-682-4217

Brent Wheeler, Deputy Director: 309-657-5008  
Building Repair Problems: 309-253-0708  
Equipment Services: 309-682-6684 (need?)  
Finance Supervisor: 309-681-2802 (need?)  
Finance Assistant: 309-681-2596 (need?)  
Risk Management Cell: 309-253-4743

### Evacuation Plans

- For fire, sound alarm and have staff begin to calmly, and orderly Evacuate building to relocation sites, using closest exits.
- Call 911 to report problem to emergency services, remember to stay on line to give details of the problem.
- Assist staff to calmly evacuate building by checking all rooms, restrooms, and other possibly occupied areas for people with disabilities who may have been missed or need help. (Provided it is safe to do so)

### Bomb Threat

- Evacuate patrons in a quick but calm manner to the relocation sites, checking all rooms, restrooms and closets
- Assist people with disabilities, elderly and children to the relocation site.
- Keep minor patrons safe until parents can be contacted, ask supervisor for help if you need it.
- Camps/classes need to do a head count to make sure all children/participants are accounted for.
- Call 911 to report the incident to emergency services.
- Call Facility Mgr. or Noble Center to report incident.
- Direct staff member to meet fire department, at a safe distance, to provide them with information about the problem, location etc.
  - Fill out bomb threat form to clearly present your information

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### **Evacuation / Relocation Sites**

- **Lightning Warning:** Inside building away from windows.
- **Fire / Bomb Threat:** Evacuate to the Noble Center or Owen's Center
- **Storm / Tornado:** First floor North or East hallway.
- **Secondary:** First floor multipurpose room or first floor women's locker room.

### **Fire**

- Activate fire alarm
- Staff shall begin evacuation procedures.
- Call 9-1-1 to report situation. Give detailed information.
- Stay on the line until given further instructions.
- Notify Facility Manager as soon as possible.
- Refer to Emergency Action Plan pg. 11
- Assist staff in evacuating building
- Meet at the predetermined assembly site outside facility for accountability.
- Keep Minor patrons under district care until parents relieve you of that responsibility.

### **Tornado / Severe Weather**

- Lightning Warning- Move inside away from windows.
- Determine severity of weather (use weather radio).
- Notify Facility Manager as soon as possible.
- When sirens or radio dictate relocate patrons and staff to designated safe areas of the building.
- Do not release children if storm has damaged, immediate area, except to parental assurance.

### **Flooding Damage Control**

- Most likely source of floodwater- Plumbing system.
- Action steps:
  - Keep / move patrons from potential hazards.
  - Notify Facility Manager (if not available) then Notify Maintenance staff.
- Caution water may be energized by contact with motors or other electrical equipment.
- Caution floodwaters may be contaminated with chemical or biological hazards.

### **Accident / Serious Illness**

- If trained to do so, give first aid as necessary.
- Have someone call 9-1-1 to activate emergency assistance. Provide detailed information as requested by 911 operator.
- Stay on line until given further instructions. Inform front desk staff of location of person in need so they may assist/direct emergency personnel
- If needed, have someone obtain AED as quickly as possible, and if trained to do so, administer CPR as necessary.
- Notify Facility Manager when possible. Notify Finance Supervisor, Finance Assistant and/or EHS Manager when possible.
- Complete PPD. Accident/Incident report. If AED was used, complete AED Post Incident Form.

**Note:** Employees who need medical attention can go to the provider of their choice.

### **Power Failure**

- Take steps to insure checking the rooms, which may have been darkened, provide help for patrons who need assistance
- 1<sup>st</sup> call Facility Mgr (if unavailable) work down the emergency contact list (also found in EAP pg.4)
- Call Ameren if whole bldg. including neighbors are affected (EAP pg. 5).

### **Earthquake**

- General precautions to protect self and patrons
- Stay inside building, away from structural glass.
- Move away from bookshelves/suspended objects.
- Get under heavy desk or reinforced structure.
- Call 911 to engage emergency services, and report details of incident.
- Call Facility Manager to report situation.

### **Lost Child /Alzheimer's**

- Search building-checking restrooms, closets, as well as elevator.
- Contact PPD Police if child/person not found after maximum of 10 minutes.
- Complete PPD Accident/incident report including a detailed description of lost child.

## Annotated Bibliography

Glow YMCA. (2015 February). *Emergency Action Plan*. Retrieved from

file:///C:/Users/jadef/Desktop/Practicum/YMCA%20example%20EAP.pdf

Few park district recreation centers have their EAP's available online, but many YMCA's do. This EAP for a YMCA was very helpful when looking at what formats other facilities used for their EAP's. It also showed me what threats similar facilities cover and how they respond to them. From this EAP I used the bomb threat documentation form because I thought it was a good way to present the information needed.

National Weather Service. (n.d.). *Understand Tornado Alerts*. Retrieved from

<http://www.nws.noaa.gov/om/tornado/ww.shtml>

I utilized this site because I wanted to be able to clearly differentiate between a tornado watch and a tornado warning. It is important that staff know the difference because they require difference responses.

Riner, M, MD. (2011 November 9). *The new definition for a medical emergency*. Retrieved from

<https://www.kevinmd.com/blog/2011/11/definition-medical-emergency.html>

In this EAP I wanted to give a clear definition of a medical emergency. Many times, while working at camp we would experience injuries where we were unsure if medical attention was required. For example, if a scratch needed stitches or a jammed finger was broken. I wanted to give a clear definition to the staff on what the common definition of a medical emergency is and when 911 should be utilized.

U.S. Department of Homeland Security (2017). *Active Shooter: How to Respond*. Retrieved from <https://www.dhs.gov/sites/default/files/publications/active-shooter-how-to-respond-2017-508.pdf>

I found it somewhat difficult to find a recommended procedure to active shooters in scholarly articles or simple google searches, which seems odd since active shooters have become quite a big concern in America. Interestingly, I had to specifically search, “DHS active shooter response” to find this document, it did not show up under searches such as, “recommended active shooter response” or “protocol”. This source was very useful in applying the run, hide, or fight technique to Lakeview, along with lockdown procedure.

United States Bomb Data Center (2016) *Explosives Incident Report (EIR)*. Retrieved from <https://www.atf.gov/explosives/docs/report/2016-explosives-incident-report/download>

I used this source to get a better understanding of just how prominent the threat of a bomb threat is. I was unsure if it needed to be included in the EAP, but after reviewing the data in the EIR it shows that bomb threats are far more common than I previously thought and therefore included it in the EAP.

United States Department of Homeland Security, Federal Emergency Management Agency. (n.d.). *Sample Lockdown Procedures*. Retrieved from <https://emilms.fema.gov/IS360/SAFE0104230text2.htm>

After some consideration I decided to add a lock down as an emergency situation. This was not included in the old EAP. Although I can still recall the lockdown procedures

from my elementary school days, this FEMA document helped to refresh my memory and provide recommended procedures for lockdowns.

United States Department of Labor, Occupational Safety and Health Administration. (n.d.).

*Evacuation Plans and Procedures eTool*. Retrieved from

<https://www.osha.gov/SLTC/etools/evacuation/>

United States Department of Labor, Occupational Safety and Health Administration. (2017 July).

*Sample Written Program for Emergency Action Plan*. Retrieved from

[https://www.osha.gov/dte/grant\\_materials/fy09/.../sample\\_emergencyactionplan.doc](https://www.osha.gov/dte/grant_materials/fy09/.../sample_emergencyactionplan.doc)

These two sources from the United States Department of Labor provided much of the key information and guidelines for this EAP. OSHA's sample objective statement is utilized by all other EAP's in Peoria and was therefore also used in this one. The objective statement (though not at all unique) shows that the EAP was created based off recommendations made by OSHA and therefore compliant with their standards.